

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90151 005 ***150.00

DOCUMENT # G50835

1. Entity Name

TRAVEL IN STYLE, INC.

Principal Place of Business

Mailing Address

**5265 NW 73RD TERRACE
LAUDERHILL FL 33319
US**

**5265 NW 73RD TERRACE
LAUDERHILL FL 33319
US**

2. Principal Place of Business

3951 NW 90TH WAY

3. Mailing Address

3951 NW 90TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip

33351

Country

US

Zip

33351

Country

US

6. Name and Address of Current Registered Agent

**RANDALL, ANTHONY
5265 NW 73RD TERRACE
LAUDERHILL FL 33319**

**NEW ADDRESS
FROM JUNE 1ST 2002**

7. Name and Address of New Registered Agent

Name

ANTHONY RANDALL

Street Address (P.O. Box Number is Not Acceptable)

3951 NW 90TH WAY

FT. LAUDERDALE

City

FL

Zip Code

33351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

A. Randall

A. RANDALL

4-18-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RANDALL, SHEILA**
STREET ADDRESS **5265 NW 73 TERR.**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **PD** ☐ Delete
NAME **RANDALL, ANTHONY**
STREET ADDRESS **5265 NW 73 TERR.**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X A. Randall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02

Date

Daytime Phone #

CR2E034 (9/01)